

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# F03000003100

Entity Name: THE VOICE OF PROPHECY, INC.

Current Principal Place of Business:

101 W. COCHRAN
SIMI VALLEY, CA 93065

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 500
SIMI VALLEY, CA 930620500

New Mailing Address:

FEI Number: 95-2414749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA CONFERENCE ASSOCIATION OF SEVENTH-
655 NORTH WYMORE ROAD
WINTER PARK, FL 327891715 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SCHNEIDER, DON C
Address: 12501 OLD COLUMBIA PIKE
City-St-Zip: SILVER SPRING, MD 20904

Title: P () Delete
Name: KINSEY, FREDERICK M
Address: 12501 OLD COLUMBIA PIKE
City-St-Zip: SILVER SPRINGS, MD 20904

Title: T () Delete
Name: HUNT, ROY G JR
Address: 101 W COCHRAN
City-St-Zip: SIMI VALLEY, CA 93065

Title: V () Delete
Name: MELASHENKO, E. LONNIE
Address: 101 W COCHRAN
City-St-Zip: SIMI VALLEY, CA 93065

Title: V () Delete
Name: CHASE, MARSHALL
Address: 101 W COCHRAN
City-St-Zip: SIMI VALLEY, CA 93065

Title: S () Delete
Name: BROWN, BECKY J
Address: 101 W. COCHRAN
City-St-Zip: SIMI VALLEY, CA 93065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BECKY J. BROWN

S

01/09/2007

Electronic Signature of Signing Officer or Director

Date